Written Consent for Minor Visitation

I, (Parent/Legal Guardian) give permission for:		
NAME:	AGE:	DOB:
To visit (Inmate Name and CDCR Number) Prison or Institution.		at a California State
With (Name of Accompanying Adult)	iired. Satisfactory Evidence of Proof ked IN WRITING, and will remain in	of legal guardianship to said minor(s) is
(Signature of Parent/Legal Guardian	(Date)	
Certifi A notary public or other officer completing this certifi which this certificate is attached, and not the truthful		-
State of California County of		On, (Date)
before me, (Name and Title of Officer)		personally appeared.
(Name Parent/Legal Guardian) of satisfactory evidence to be the person(s) whose not that he/she/they executed the same in his/her/their instrument the person(s), or the entity upon behalf or	ame(s) is/are subscribed to the with authorized capacity(ies), and that b	in instrument and acknowledge to me y his/her/their signature(s) on the
I certify under PENALTY OF PERJURY under the laws of	of the State of California that the for	egoing paragraph is true and correct.
WITNESS my hand and official seal.		
Signature	(Place No	tary Seal/Stamp in the area aboye)